FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(9	See instructions)			Office use only
NAME OF COMMITTEE (in f	(Checull) is cha	k if name nged)	Example: If typying, ty over the lines	pe 12FE4M5	
Oregon Repub	liçan Party	1111	<u> </u>	<u> </u>	
		1111			
ADDRESS (number and s	rreet) Post Offic	e Box 789			
X (Check if address is changed)	Salem			OR L	97308 _ _ _
		Cl	TY▲	STATE▲	ZIP CODE 📥
info@orgop.or		1111			
COMMITTEE'S WER	PAGE ADDRESS (URL)	1 1 1 1			
www.orgop.or			<u> </u>		
COMMITTEE'S FAX N 503-587-9244	UMBER				
2. DATE 0 4	D D D Y Y Y 20	0 4			
3. FEC IDENTIFICA	TION NUMBER	C	C00153031		
4. IS THIS STATEM	ENT X NEW (N)	OR	AMENDED	(A)	
I certify that I have examin	ned this Statement and to the	best of my knowled	dge and belief it is true, co	orrect and complete	
Type or Print Name of	Treasurer Charle	es S. Oakes			
Signature of Treasurer	Electronically Filed by	Charles S. O	akes	Date 0 8	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete in	•		his Statement to the penalt	-
Office Use Only			For further information Federal Election Control Free 800-424	Commission -9530	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the c information below.)	andidate				
	Name of Candidate					
	Candidate Office House Senate President	State District				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
		emocratic, publican,etc.) Party. nd or party				
3.	Name of Any Connected Organization or Affiliated Committee					
L						
	Mailing Address L .					
	CITY▲ STATE ▲	ZIP CODE 🛕				
	Relationship					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organizati	on				
	Membership Organization Trade Association Cooperative					

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Write or Type Committee Name							
Oregon Republican Party	,						
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name Cindy Ta	Full Name Cindy Taylor						
Mailing Address	P.O. Box 789						
-	Salem	OF	₹ _	97308			
Title or Position ▼	CITY A	STAT	ΓEΑ	ZIP CO	DE 🛦		
Administrat	or	Telephone number	503	587 	9233		
Full Name of Treasurer Mailing Address Treasurer: List the name are name and address of any description. Charles:	nd address (phone number opticesignated agent (e.g., assistant trees.) S. Oakes P.O. Box 1047	easurer).					
-	Ontario	OF	₹ _	97914			
Title or Position ♥	CITY A	STAT	ΓEΑ	ZIP CO	DE A		
Treasurer		Telephone number	541		2302		
Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY A	STAT	 E ▲	ZIP COI	DE A		

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.							
	Name of Bank, Depository, etc.							
	Key Ba	ank National Association						
	Mailing Address	P.O. Box 93885						
		Cleveland	1 _ 5885					

STATE ∠

ZIP CODE △

CITY 🛆